



Scholarship guidelines and application

Introduction

The Hudson Hospital Foundation Scholarship is awarded to graduating high school seniors from Hudson Hospital & Clinic's service area with plans to attend a college or university to pursue a career in the medical or health care field.

Scholarship applications are due February 28.

Hudson Hospital Foundation will provide up to five (5) \$2,000 scholarships to graduating high school students within Hudson Hospital & Clinic's service area.

Distribution of the scholarship

The full scholarship value of \$2,000 will be allocated after the first semester of the first year upon submission of:

- Your first semester transcript
- Your W9 for payment processing
- Your second semester class schedule

The above materials may be submitted via email to:

hudsonhospitalfoundation@hudsonhospital.org

or by mail to: Hudson Hospital Foundation
405 Stageline Road, Hudson, WI 54016

If the scholarship recipient changes their field of study to a field outside of health care, the foundation board will review and determine whether to disburse the scholarship award.

Requirements

Please submit your typed application. Do not complete the application by printing or cursive writing; complete the application by typing your answers into the questions. If you do not receive the application in a format that allows you to type into it, contact us and we'll send it to you in a Word document.

High school seniors residing in Hudson Hospital & Clinic's service area with plans to pursue a career in the health care field are eligible to apply. Students planning to study to become a physician, nurse, lab technician, physical therapist, occupational therapist, dentist or dental hygienist, certified nursing assistant, or other health care professional are all encouraged to apply.

Financial need, current volunteer work and paid work in the health care field are heavily weighted considerations in the selection of scholarship recipients.

Award selection criteria

A scholarship selection team from Hudson Hospital Foundation will determine the scholarship recipients.

Required submission documents checklist

- Typed scholarship application with signature and date
- Two letters of recommendation

It is the applicant's responsibility to ensure they have attached all required documents to the application by the due date.

Email address

We request that all applicants provide a regularly monitored email address. Once the scholarship selection team has made its determinations, all applicants will be notified via email whether they are a recipient or not.

We also use email as our source of communication for your invitation to the Hudson Hospital Foundation's Award Ceremony and if there are any updates in the future.

Award acknowledgment

We request that recipients attend the Hudson Hospital Foundation Award Ceremony, on a date that will be provided in your acceptance letter, to thank the board members and to meet possible mentors in their chosen field of study. The reception lasts about one hour.

Recipients are encouraged to invite their parents/guardians, family members and friends.

Hudson Hospital Foundation contact information

If you need an electronic application or if you have any questions, please contact us:

- Debi Mager – deborah.c.mager@hudsonhospital.org or **715-531-6075**
- Erika Schendel – erika.a.schendel@hudsonhospital.org or **715-531-6024**



Hudson Hospital Foundation

Scholarship application

Student name: _____
Last First MI

Street address: _____

City: _____ State: _____ ZIP code: _____

Phone number: _____ Email: _____

Name of parent(s) or guardian(s): _____

What college do you plan to attend? _____

This scholarship is awarded to an individual with plans to pursue a career in the health care field. What are your educational plans and career goals?

What made you decide to pursue a career in a health care profession?

Do you have a financial need for this scholarship? Please give a brief explanation.

What **school activities** (sports, theater, student government, clubs, etc.) have you participated in during high school? List your activities, the number of years you participated, and any skills you learned that will help you in your future.

What **community activities** have you participated in during high school? Provide a narrative of your extracurricular activities, especially those where you have volunteered your time in the health care field. Include how your service impacted you, and you may attach a separate sheet if necessary.

Have you been employed during high school? Please explain any work experience or work history below.

Is there anything else you would like us to know?

Letters of recommendation

Include two letters of recommendation as attachments to this application.

1. One academic letter of recommendation
2. One non-academic letter of recommendation, such as from an employer

Student signature: _____ Date: _____



For Hudson Hospital Foundation only

- Application typed and completely filled out: _____
- Two letters of recommendation submitted: _____